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AUG 2 9 2005 E

TRANSMITTAL FORM

FORM
(to be used for all correspondence after initial filing)

Application Number	10/775,304					
Filing Date	February 10, 2004					
First Named Inventor	J. Orr					
Group Art Unit	2673					
Examiner Name	Not Yet Assigned					
Attorney Docket Number	306786.01					

Sent via Express Mail Label No.:			Attorney Docket Number			306786.01				
	ENC	CLOSU	RES (check all	that apply)	_					
Fee Transmittal Form (in duplicate) Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Preliminary Amendment (9 pages) Extension of Time Request Express Abandonment Request Information Disclosure Statement with Form PTO/SB/08A (pages) Response to Notice to File Missing Parts A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: Adeposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or The transmitted by facsimile on the date shown below to the USPTO at (571) August 25, 2005 Date Rimma N. Oks Printed Name		Drawing Declara New A cc (37 t Licensin Petition Applica General 37 t Termina Request CD, Nu	tion rly Executed (propy from a prior approximately property of the Convert to a Protion Power of Attornet of Attornet of CFR 3.73(b) Statem al Disclaimer the CFR of CD(s) The Commission of CD(s)	ages) ovisional v (SB80) nent sioner is he	reby	Appeal Communication Appeals and Interpretation Proprietary Info Status Letter Application Data Request for Communication Data Request for Communication Proprietary Info Status Letter Application Data Request for Communication Data Reputation	nication to TC (, Reply Brief) rmation a Sheet rected Filing Receipt Postcard (s) (please identify eplacement Sheets			
SIGNAT	ΓUR	E OF	ATTORNE	Y OR A	\G	ENT	 			
			No.	49,014						
Name of Attorney or Agent	ey or Agent John Campa									
Date August 25, 2005	Tel	. ((425) 706-073	1	Fa	csimile No.	(425) 708-5046			
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052								
Customer Number:			22971							

AUG_2 9 2005												
E	Effective on 12/08/04 FEE TRANSMITTAL For FY 2005				Complete if Known							
TO ADEMAND to the Consc	ADBANAN to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/775,304					
I FEE TR	RANSI	ИITTAL		Application Num Filing Date			Februa	•	2004			
	or FY 20	Ω.E.		First Named Inv	entor		J. Orr					
r()	05		Examiner Name			Not Ye	t Assi	gned			
		0 27 CED 4 27		Art Unit			2673					
☐ Applicant claims sr	Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.			306786.01				
TOTAL AMOUNT OF P	(*)	0.00		Express Mail La	bel No.		N/A					
METHOD OF PAYM	E NT (check all	that apply)										
Check Credi	t Card 🔲 i	Money Order	Noi	ne 🗌 Other (please identif	ỳ) <u>:</u>						
⊠ Charge fee ⊠ Charge any	entified deposit a	account, the Director ow) or underpayments o	is here	eby authorized to:	ount Name: <u>M</u> (check all the rge fee(s) in lit any overpa	at apply) dicated be						
WARNING: Information of information and authorize	on this form may ation on PTO-20	/ become public. Cre 38.	edit ca	rd information she	ould not be i	included o	n this form	n. Provid	le credit car			
FEE CALCULATION												
Application Type Utility Design Plant	Fee (\$) 300 200 200	150 100	Fee (\$) 500 100 300	Small Entity Fee (\$) 250 50	Fee (\$) 200 130 160	Small Ent Fee (\$) 100 65 80		Fees P	aid (\$)			
Reissue	300		500	250	600	300						
		(5)										
Provisional 2. EXCESS CLAIM F	200 EES	100	0	0	0	0			Small Entit			
Fee Description Each claim over 20 or, Each independent claim Multiple dependent claims 35 - 35 or HP HP = highest number of to Indep. Claims 4 - 4 or HP= HP = highest number of under.	im over 3 or, foims Extra Claim O tal claims paid for, Extra Claims 0	Fee (\$) x 50 if greater than 20 Fee (\$) x 200 =	Fee F	more than in the endent claim mo	e original pa re than in t Multiple D Fee (\$)	he origina ependent		50 200 360 \$)	25 100 180			
for each additional 5 Total Sheets -100 4. OTHER FEE(S) Non-English Specific	nd drawings exc 50 sheets or frac Extra Sheet 0 = 0	eed 100 sheets of pa tion thereof. See 35 Number of / 50 = 0	U.S.C. each	. 41(a)(1)(G) and 3 additional 50 or _ (round up to a	37 CFR 1.16 r fraction tl	(s). <u>hereof</u> F	<u>ee (\$)</u>	Fee	Paid (\$) 0 es Paid (\$) 0			
SUBMITTED BY Signature	Lan			Registration No. (Attorney/Agent)	9,014	Tele	ephone (4)	25) 70	6-0731			

Date August 25, 2005

Name (Print/Type) John Campa